

## 510(k) SUMMARY OF SAFETY AND EFFECTIVENESS

The Implex Continuum Knee System® Femoral Components – Porous, Left/Right

Submitter Name:

Implex Corp.

**Submitter Address:** 

80 Commerce Drive

Allendale, New Jersey 07401-1600

**Contact Person:** 

John Schalago

**Phone Number:** 

(201) 818-1800

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**Date Prepared:** 

April 19, 2000

**Device Trade Name:** 

Implex Continuum Knee System® Femoral Components – Porous, Left/Right (CR and PS)

**Device Common Name:** 

Femoral Component, Cemented

**Classification Number** 

and Name:

Prosthesis, Knee, Femorotibial, Semi-Constrained, Cemented, Metal/Polymer 21 CFR § 888.3560

**Substantial Equivalence:** 

The term "substantial equivalence" as used in this 510(k) notification is limited to the definition of substantial equivalence found in the Federal Food, Drug and Cosmetic Act, as amended and as applied under 21 CFR 807, Subpart E under which a device can be marketed without premarket approval or reclassification. A determination of substantial equivalency under this notification is not intended to have any bearing whatsoever on the resolution of patent infringement suits or any other patent matters. No statements related to, or in support of substantial equivalence herein shall be construed as an admission against interest under the US Patent Laws or their application by the courts.

**Device Description:** 

The Continuum Knee System® Femoral Components - Porous, Left/Right (CR, PS) are manufactured from Cobalt Chromium Alloy conforming to ASTM F-75. These devices are intended for cemented use only. The femoral components are available in seven (7) sizes ranging from 54mm/60mm A/P-M/L to

76mm/76mm A/P-M/L.

## 510(k) Premarket Notification-Continued

Indications for Use:

The Continuum Knee System<sup>™</sup> Femoral Components – Porous, Left/Right are intended for use where severe degeneration, trauma, or pathology of the knee joint indicates cemented total knee arthroplasty.

Device Technological Characteristics and Comparison to Predicate Device: The Continuum Knee System<sup>®</sup> Femoral Components – Porous, Left/Right are the result of a minor design change that does not affect the technological or performance characteristics of device, the articulating geometry, degree of constraint, or patellar tracking.

**Materials Comparison:** 

Continuum Knee System Femoral Components – Porous, Left/Right are manufactured from cobalt chromium alloy conforming to ASTM F-75 and have a cobalt chromium beaded coating conforming to ASTM F-75.

Conclusion:

The Implex Continuum Knee System<sup>®</sup> Femoral Components – Porous, Lefrt/Right (CR and PS) are substantially equivalent to the identified predicate devices.



MAY 2 3 2000

Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

Mr. John A. Schalago Manager, Regulatory Affairs Implex Corporation 80 commerce Drive Allendale, New Jersey 07401-1600

Re: K001307

Trade Name: Implex Continuum Knee System® Femoral Components - Porous,

Left/Right (CR and PS)

Regulatory Class: II Product Code: JWH Dated: April 20, 2000 Received: April 24, 2000

Dear Mr. Schalago:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general control provisions of the Act. The general control provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the current Good Manufacturing Practice requirement, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic (QS) inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or at (301) 443-6597, or at its Internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Downe R. Vo Month - Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and

Neurological Devices

Office of Device Evaluation

Center for Devices and Radiological Health

**Enclosure** 

510(k) Number (if known):	K001301	7	
Device Name:	The Continuum Kne Porous, Left/Right	ee System Femor	al Component -
Indications For Use:			
The Continuum Knee Sare intended for use with the knee joint indicates	here severe degene	eration, trauma, o	
(PLEASE DO NOT WRITE BELOV		·	GE IF NEEDED)
Concurrence of	of CDRH; Office of Device	Evaluation (ODE)	
	(Division Sign Division of Ge 510(k) Number	Off)  neral Restorative Devices  K00130 7	es
Prescription Use	OR	Over-The-Counter Use	No
(Per 21 CFR 801.109)			(Ontional Format 1 2 96)